

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		
O.I.P.E. CLASSIFIER		12	10/6/89
FORMALITY REVIEW	DM	2223	10/29/89

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	12/1/89
2	✓	✓	12/1/89
3	✓	✓	12/1/89
4	✓	✓	12/1/89
5	✓	✓	12/1/89
6	✓	✓	12/1/89
7	✓	✓	12/1/89
8	✓	✓	12/1/89
9	✓	✓	12/1/89
10	✓	✓	12/1/89
11	✓	✓	12/1/89
12	✓	✓	12/1/89
13	✓	✓	12/1/89
14	✓	✓	12/1/89
15	✓	✓	12/1/89
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25	✓	✓	12/1/89
26	✓	✓	12/1/89
27	✓	✓	12/1/89
28	✓	✓	12/1/89
29	✓	✓	12/1/89
30	✓	✓	12/1/89
31	✓	✓	12/1/89
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39	✓	✓	12/1/89
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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